

## **Building Department – Elevator Safety Division**

1700 Convention Center Drive, 3<sup>rd</sup> FL Miami Beach, Florida 33139 305-673-7610 Ext. 6413, Fax: 786-394-4651

www.miamibeachfl.gov

## **ELEVATOR CHANGE OF STATUS AFFIDAVIT**

		For Office Use Only			
		Activity No#			
		Date of Approval			
I, acting as	agent (owner, registered	agent, legal represen	tative) of the	e below named registered eleva	
owner, do hereby attest that the elevator plant located at:					
has changed in usage status, and a change is requested as	s follows, in the Miami Dad	e County records, for	the following	ng described equipment:	
Serial No (s): Ty	/pe: Ca	pacity:	Land	dings:	
Contract is with:		A contra	ct remains i	n effect through the period end	
Elevator has been demolished:	Demolition perm	t #:			
Building has been demolished:	Demolition permi	t #:			
Elevator is no longer used, and is now dormant: YES NC	Last date of dorm	ant status:	_ Last sch	eduled inspection date:	
Dormant status requires annual inspection and annual fee,	and may only be considere	ed dormant for a max	imum of five	e (5) years.	
Elevator (s) have Fire fighter service YES NO	Year of installation	n			
Elevator (s) are equipped with universal emergency access	key YES	, NO			
Elevator (s) are equipped with emergency power generator	connection YES	s NO			
Re	gistered Owner:				
Sig	nature of Owner/Agent:				
	te:				
STATE OF FLORIDA COUNTY OF					
The foregoing instrument was acknowledged	before me this		dav of	,20	
,who is personally known to			•		
as identification and who has take an oath.					
Notary Public, State of Florida					
Drinted Name					
Printed Name Commission Number:					
My Commission Expires:					